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URBAN DISTRICT COUNCIL
OF NEWTON-LE-WILLOWS

ANNUAL REPORT

of the

Public Health Department

for the Year ended

31st December, 1957

NEWTON-LE-WILLOWS URBAN DISTRICT COUNCIL

Chairman of the Council:
COUNCILLOR E. J. THOMPSON

Vice-Chairman:
COUNCILLOR J. V. CARR

Clerk and Chief Financial Officer:
J. ROBERTS, A.R.V.A.

Health Committee:

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COUNCILLOR L. KENT

Vice-Chairman:
COUNCILLOR C. L. TYRER

Members:

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„ MRS. E. CROUCHLEY
„ E. J. GILLESPIE
„ F. HOUGHTON
„ C. S. JONES
„ E. J. THOMPSON

PUBLIC HEALTH DEPARTMENT

Staff:

Medical Officer of Health:

A. C. CRAWFORD, T.D., M.B., Ch.B., D.P.H., D.T.M.

* Chief Public Health Inspector:

L. M. BOOTH, M.R.S.H., M.A.P.H.I.

Additional Public Health Inspector:

J. R. SWIFT, CERT.P.H.I.

(From 14th January to 31st October)

N. G. WEIR, CERT.S.I., R.S.A. (SCOTLAND)

(From 25th November)

Clerk:

MRS. B. M. LIGHTFOOT

Pupil Public Health Inspector:

M. D. TICKLE

(From 4th November)

* Qualified Meat and Other Foods Inspector (R.S.H.)

NEWTON-LE-WILLOWS U. D. C.
ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH
1957

PREFACE

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I present for your consideration and approval my Annual Report for the year 1957, with which is incorporated information concerning other general health services available in the Urban District: those of the Regional Hospital Board, Hospital Management Committee, the Public Health Laboratory Service, and of course, the Medical and Social Services which are the responsibility of the County Council as the Local Health Authority constituted by the National Health Service Act of 1946.

Considering firstly the general and vital statistics of the District it is found that:- there has been virtually no change in population: as estimated by the Registrar General for the middle of year at 21,900, only 20 more than in mid-1956: the number of live births assignable has increased from 308 to 349, and the crude live-birth rate from 14.1 to 15.9 per 1000 of the population, with an increase in the "adjusted" live-birth rate from 13.8/1000 to 15.6/1000: the number of still-births has shown a welcome decline from 18 in 1956 to 7, with a consequent reduction in rate from 55 per 1000 total births to 20 per 1000: the general crude death rate, and the actual number of assignable deaths, are virtually unchanged, at 10.3/1000 and 225, as compared with 10.2/1000 and 223 last year: the infant mortality rate shows a welcome reduction from 33/1000 related births to 26/1000, a rate reduction which depends essentially on the larger number of live births rather than on the smaller actual number of infant deaths, which declined from 10 to 9: and the elimination of all maternal deaths, with a maternal death rate of nil, as compared with 1 maternal death, and a rate of 3.07 per 1000 total births, in 1956. The general trend of these figures is therefore encouraging. particularly the increase in live birth rates, the reduction in the still-birth rate, an improved "natural increase," or increase of live births over deaths, and reductions in neo-natal mortality, total infant mortality, and maternal mortality.

An analysis of the causes of death reveals the same familiar pattern as for many years past. Of the total of 225 deaths, more than one half, actually 119, resulted from diseases of the heart and circulation, including therein deaths due to "strokes," which result of course from disease of the arteries supplying the brain. Of this total, diseases of the coronary arteries accounted

for 33 deaths, and "strokes" for 21 deaths, while no fewer than 52 persons died from other forms of heart disease, in the main of rheumatic origin, a figure which emphasizes the great need and urgency for further and continuing research into the subject of "rheumatism," and the earnestness with which the suggestion that all potential sufferers from this condition should secure prophylactic anti-biotic therapy should be considered: the same remarks in research needs are also applicable to coronary disease, the basic causes of which are still largely undetermined. Next in order of importance comes the great cancer group of diseases, which accounted for 47 deaths, as compared with 34 in 1956: the increase in mortality here was shown mainly in the increased incidence of stomach cancer as well as of lung cancer, but some increase occurred also in cancer in other sites and organs. Third in frequency comes the group of respiratory diseases, bronchitis, pneumonia and inclusive of influenza, but excluding tuberculosis, with a total death role of 21, 8 of which were due to bronchitis, 6 to influenza and 5 to pneumonia, with 2 resulting from other diseases of the respiratory system. Following this group, in fourth place, is the heterogenous one know as "other defined and ill-defined diseases", which resulted in 19 fatalities, and finally violence, both accidental and intentional, which caused 11 deaths, 8 being accidental with 3 suicides. Of the 8 accidental deaths, in only 1 was a motor vehicle involved. Tuberculosis caused but one death during the year, as compared with three in 1956.

The incidence of notifiable disease was generally less during the year than in 1956, a total of 568 notifications being received as compared with 709. This figure, still much higher than the quinquennial mean of 496 for the previous five years, was largely accounted for by a continued high incidence of measles, which at 397 was almost identical with the 1956 figure of 395. The scarlet fever incidence (64 cases), although much reduced in comparison with the two previous years, being virtually halved, is yet higher than one could wish: this is a disease which has now become more of a "nuisance illness" than the killer which it undoubtedly was a generation ago. Whooping-cough notifications (24) also showed a marked reduction, being much below the quinquennial mean of 108, and last year's figure of 102: but notifications of "primary pneumonia" reached a new high total of 50, as compared with a quinquennial mean figure of 33, and 44 in 1956. The great majority of these cases occurred during the months of January (5), February (8), September (10), and October (15), and were in older persons, 29 being over the age of 45 years, 14 between the ages of 15 and 44 years, and only 7 being under the age of 15, of which 4 were infants under 5 years of age.

Notifications received in respect of tuberculosis totalled 23, 21 of which related to the respiratory type of the disease, and 2 to non respiratory types. This is the highest figure since 1953, when 26 cases, 23 of them respiratory, were notified, and compares unfavourably with last years total of 13, and a quinquennial mean of 19. The number of deaths from the disease, however, was only one, as compared with 3 last year, 4 in 1955, and a quinquennial

mean of 3.6: and it must be remembered, when interpreting these relatively low numbers within a small community, that the degree of diagnosis or ascertainment may vary considerably from year to year, being dependent in some measure on the pressure of other commitments on Specialists, Mass Radiography Units, B.C.G. vaccination programmes and so on. It would therefore be wrong to draw any undue and unjustifiably pessimistic conclusions as to the general incidence trend of the disease solely from these figures. A few cases of erysipelas—7 in number—have occurred during the year—a figure of much the same order as in previous years: all were in the 45-65 year age group. Two cases of a minor type of dysentery were also notified, both in adults over 25 years of age: and there was one minor case of ophthalmia neonatorum. There were no cases at all of diphtheria, the enteric group fevers, puerperal pyrexia, poliomyelitis, encephalitis or meningococcal infection: and the total deaths resulting from notifiable disease was 4, 1 due to respiratory tuberculosis, as noted above, and 3 to pneumonia.

The principal public health needs of the Urban District are as follows:- Additional housing accommodation for all in need thereof, and not solely for those displaced by demolition or "slum clearance" procedures: improvement in the sanitary standards of a number of older school premises, both by additional closet construction and washing facilities, and the improvement of natural lighting: acceleration of the Sankey Valley sewerage scheme: the elimination of atmospheric pollution, from both industrial and domestic sources: improved methods of refuse disposal by controlled tipping through the use of additional mechanical aids: and the effective enforcement of the Food Hygiene Regulation, rendered difficult or almost impossible through staff deficiencies in Public Health Inspectors. Bound up with such improvements, and of equal importance to individual as to communal health, one could wish for a better public response to vaccination and immunisation appeals, better co-operation by all concerned in the ante-natal care and supervision of the expectant mother, in their respective fields of influence, and the implementation of co-ordinated and comprehensive schemes for the welfare of the handicapped, and of the aged, within their own home and family circles where ever possible.

In concluding this Report, I would like to express to you, Mr. Chairman, as to all members of the Health Committee and of the Council, my personal thanks for your continued interest and support in all matters affecting the health of the community: and also, to tender to my colleagues in other departments of the Council, and particularly to the Clerk, and to other Heads of departments, my sincere and deep appreciation of their ever-ready help and co-operation in all matters of mutual concern. Finally, to our own staff in the Health Department, and particularly to the Chief Public Health Inspec-

tor, Mr. Booth, I would convey my gratitude and thanks, and acknowledge my indebtedness for the loyal support and efficient service, which they have rendered during the year.

I am,

Mr. Chairman, Ladies and Gentlemen,

Yours obediently,

A. C. CRAWFORD,

Medical Officer of Health.

ENVIRONMENTAL CONDITIONS AND GENERAL INFORMATION

The major portion of the district is truly urban in character, with a relatively small acreage of rural character. It is built up with dwelling houses, with Shops, Offices, Workshops, Factories, Churches, Mission Halls, Clubs, Hotels, and all the usual ancillary buildings which serve a civilised community. The main industries are Light and Heavy Engineering, including rolling-stock maintainance and repair, Sugar Refining, Printing and Stationery manufacture, Bleaching, Dyeing and Calico Printing, and Raincoat manufacture. As would be expected from the urban character of the district, agriculture plays only a very minor role in its activities.

2. STATISTICS—GENERAL

Area in acres: 3103.

Population: (Census, 1951)	....	....	....	....	21,862
(Estimated mid-1957)	....	....	....	....	21,900
Inhabited Houses: Rate Books (end 1957)	....	....	....	....	6,961
Rateable Value	....	....	....	....	£159,016
Sum represented by a penny rate	....	....	....	....	£620
Births assignable to District	....	....	....	....	349
Deaths assignable to District	....	....	....	....	225
"Natural Increase"	....	....	....	....	124

3. VITAL STATISTICS

Births:

Live Births	349	Legitimate	329	Illegitimate	20
		Male	180	Male	8
		Female	149	Female	12

Live Birth Rate "Crude"—15.9. "Adjusted"—15.6.

Still Births 7 Male 3 Female 4

Still Birth Rate 20 per 1,000 total Live and Still Births.

Deaths:

General: 225 Male 140 Female 85

Death Rates "Crude"—10.3 "Adjusted"—11.9

The "adjusted" death rate is the "crude" death rate after adjustment by a "comparability factor" supplied by the Registrar General.

Infant Deaths (Deaths of Infants under 1 year of age)

Total	9	Male	6	Female	3
Infant Mortality Rate of Legitimate Infants	....	....	....	....	20
Infant Mortality Rate of Illegitimate Infants	....	....	....	....	100
Total Infant Mortality Rate	....	....	....	....	26

Neo-Natal Mortality

Deaths of infants under 4 weeks of age 8

Mortality rate per 1,000 live births 23

Maternal Deaths Nil

Maternal Mortality Rate Nil

COMPARATIVE STATISTICAL TABLES

Year	Live Births		Deaths (All causes)		Stillbirths		Maternal Mortality		Infant Mortality			
									Total		Neo-natal	
	No. regst.	Rate per 1000 popn.	No. regst.	Rate per 1000 popn.	No. regst.	Rate per 1000 total births	No. of deaths regst.	Rate per 1000 total births	No of deaths regst.	Rate per 1000 live births	No of deaths regst.	Rate per 1000 live births
1957	349	*15.9	225	*10.3	7	20	nil	nil	9	26	8	23
1956	308	14.1	223	10.2	18	55	1	3.07	10	32	9	29
1955	306	14.0	221	10.1	4	13	nil	nil	9	29	6	20
1954	292	13.4	236	10.8	16	52	nil	nil	9	31	6	21
1953	366	16.7	253	11.5	13	34	1	2.64	18	49	14	38
1952	358	16.3	249	11.3	6	16	nil	nil	16	45	9	25
Avge 5 years												
1952	326	14.9	236	10.7	11	34	0.4	1.14	12	37	9	27
1956												

* Adjusted live birth rate (comparability factor 0.98) = 15.6 per 1000.
Adjusted death rate (comparability factor 1.16) = 11.9 per 1000.

Comparison of Birth Rates, Death Rates, and Analysis of Morbidity and Mortality, with those for England and Wales

	Newton-le-W.		Lancs. Municipal Boroughs & Urban Dist. 1957	England & Wales 1957
	1956	1957		
	Rate per 1,000 Population			
Births—				
Live	13.8	15.9	15.89	16.1
Still	0.82	0.32	0.41	0.37
Deaths—				
All causes	11.8	10.3	13.11	11.5
Tuberculosis (all forms)	0.14	nil	0.11	0.11
Respiratory	0.14	nil	0.09	0.09
Non respiratory	0.00	0.05	0.01	0.01
Cancer (all forms)	1.55	2.15	2.18	2.09
Lungs & Bronchus	0.18	1.41	0.45	0.43
Other cancer	1.37	1.74	1.30	1.67
	Rate per 1,000 total births			
Maternal Mortality (total)	3.07	nil	0.55	0.47
Maternal causes (excluding abortion)	3.07	nil	} 0.55	0.39
Due to abortion	nil	nil		0.08
	Rate per 1,000 live births			
Infant Mortality	32	26	25	23.0
Neo-natal mortality	29	23	18	16.5
	Rate per 1,000 Population			
Notifications—				
Typhoid Fever	nil	nil	0.00	0.00
Paratyphoid Fever	nil	nil	0.01	0.01
Meningococcal Infection	0.14	nil	0.02	0.02
Scarlet Fever	6.34	2.92	0.79	0.66
Whooping Cough	4.67	1.95	1.54	1.89
Diphtheria	nil	nil	0.00	0.00
Erysipelas	0.50	0.32	0.09	0.08
Small Pox	nil	nil	nil	0.00
Measles	18.05	18.13	15.30	14.11
Ac. Pneumonia	1.92	2.28	0.69	0.73
Ac. Poliomyelitis (Paralytic)	0.04	nil	0.04	0.07
(Non Paralytic)	nil	nil	0.01	0.04
Food Poisoning	nil	nil	0.21	0.20
Tuberculosis. Respiratory	0.41	0.95	0.55	0.65
Meninges & C.N.S.	nil	nil	} 0.09	0.01
Other	0.18	0.09		0.08
Puerperal Pyrexia	0.04	nil	0.06	0.26

Deaths. The total number of deaths registered in the District was 173. Ten of these were non-residents, and have been transferred to the districts in which they usually resided. 62 residents of this area died in other districts.

An analysis of the causes of death is shown below:

Cause of Death	Male	Female	Total
Malignant Neoplasm— Stomach	12	2	14
Lungs, Bronchus	8	1	9
Breast	—	3	3
Uterus	—	1	1
All other sites	10	10	20
Diabetes	—	2	2
Vas. Lesions of Nervous System	11	10	21
Coronary disease, angina	24	9	33
Hypertension with heart disease	3	3	6
Other Heart disease	28	24	52
Other circulatory diseases	5	2	7
Influenza	4	2	6
Pneumonia	3	2	5
Bronchitis	8	—	8
Other respiratory diseases	3	—	3
Ulcer of stomach and duodenum	1	—	1
Congenital malformations	1	1	2
Other defined or ill defined diseases	10	9	19
Motor vehicle accidents	1	—	1
All other accidents	3	4	7
Suicide	3	—	3
Tuberculosis (Non-Respiratory)	1	—	1
Hyperplasia of Prostate	1	—	1
All causes	140	85	225

4. SANITARY CIRCUMSTANCES OF THE AREA

Water Supplies

The District's water supply continued to be obtained chiefly from the deep wells at the Council's Southworth Road Works, and Makerfield Borehole.

The water is of a high degree of purity and, though very hard is otherwise very satisfactory chemically.

19 bacteriological examinations of the raw water, and 12 of the water going into supply after treatment, were made. All highly satisfactory.

6960 dwelling houses, housing a population of 21,897 persons, are supplied with water from public mains. 1 house with 3 occupants draws supplies from a spring.

All new houses have been connected to the town's water mains.

Food—Inspection and Supervision of Supplies

(a) Milk Supply

Supervision of the distribution of Milk was continued and the following action was taken in relation to:—

			No. of Samples	No. satis- factory	No. unsatis- factory
(a)	Raw Milk				
	(i) Tuberculosis— biological tests	....	.... 15	.... 15 (T.B. neg)	.... Nil
	(ii) Methylene Blue reduction test	....	.... 15	.... 9	..... 6
(b)	“Heat Treated” Milk				
	(i) Phosphatase test	....	.... 29	.... 29	.... Nil
	(ii) Methylene Blue reduction test	....	.... 29	.... 29	.... Nil
	(iii) Turbidity test	....	.... 14	.... 14	.... Nil

(b) Meat and Other Foods

Except for occasional slaughter by pig keepers of their own pigs for home consumption no slaughtering took place within the district.

All premises used for food preparation, butchers, grocers, ice-cream manufacturers and vendors, bakehouses, etc., were kept under observation and inspected regularly.

No case of food poisoning was notified.

(c) Adulteration

The Council is a Food and Drugs Authority and your Public Health Inspectors are sampling Officers.

39 samples were taken and submitted to the Public Analyst, County Offices, Preston.

One sample of milk was reported to be deficient in fat and low in solids not fat. The vendor was warned and a check sample was taken.

A sample of salami sausage was found to be rancid. The remaining stock was examined and that unfit for consumption was surrendered for destruction.

Rivers and Streams—Pollution of the several main streams running through the district from Ashton, Golborne, Haydock and St. Helens continues to varying degrees. Measures taken to deal with such pollution must of necessity be extemporary pending the completion of the Sankey Valley Sewerage Scheme, which should ease the position materially.

Drainage and Sewerage—Extensions have been made to all new houses. The connections from this District to the Sankey Valley trunk sewer have not yet been made.

5. HOUSING

2,286 houses and flats are owned by the Council, of which 1043 have been built in the post-war period.

During the year 80 houses have been erected by the local authority and 26 houses by other bodies or persons.

Closet Accommodation—Every privy and pail in the district has been converted to the water carriage system except for the few which are beyond reach of a sewer, below sewer level, or isolated by streams, railway lines or the canal.

Number of privy middens	....	....	....	....	....	13
Number of closets attached to these middens	....					14
Number of pail closets	....	....	....	....	....	32
Number of chemical closets	....	....	....	....	....	5
Number of houses on water carriage system	....					6908

There are no waste water closets and no dry ashpits in the district.

Public Cleansing—A weekly collection of house refuse and salvage by motor vehicles, and disposal of the former by controlled tipping, are supervised by the Public Health Inspector.

No regular cleansing of cesspools is undertaken.

Scavenging, snow removal, gully emptying etc., are carried out by the Surveyor's Department.

Tipping of house refuse at the Southworth Road tip ceased in May when the new site at Swan Road came into use.

6. PREVENTION OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES

Hospital Admissions

Hospital facilities for the treatment of cases of infectious deseases are provided at the Infectious Disease Hospital, Warrington, where isolation and treatment were provided for 41 cases, 30 of these being of Scarlet Fever.

Notifiable Diseases	Total cases Notified											
	Age Groups											
	Total cases at all ages	Under 1	1	2	3	4	5	10	15	25 and over	Age un-known	Total deaths
Scarlet Fever	64	1	3	4	3	5	27	19	—	2	—	nil
Measles	397	14	35	41	55	63	180	6	—	3	—	nil
Whooping Cough	24	1	4	3	2	8	6	—	—	—	—	nil
Dysensery	2	—	—	—	—	—	—	—	—	2	—	nil
Ophthalmia Neonatorum	1	1	—	—	—	—	—	—	—	—	—	nil
		0	5	15	45	65 and over		Age Unknown		Total Deaths		
Acute Pneumonia.....	50	4	3	14	20	9		—		3		
Erysipelas	7	—	—	—	7	—		—		—		
Tuberculosis—												
Respiratory	21	—	1	8	9	3		—		nil		
Other.....	2	—	—	—	1	1		—		1		

NOTIFIABLE DISEASES—Comparative Table of Incidence

Disease	1952 Cases Deaths	1953 Cases Deaths	1954 Cases Deaths	1955 Cases Deaths	1956 Cases Deaths	1952-56 Mean Cases Deaths	1957 Cases Deaths
Scarlet Fever	17 —	79 —	25 —	121 —	139 —	76 —	64 —
Diphtheria	— —	— —	— —	— —	— —	— —	— —
Measles	98 —	383 1	131 —	228 —	395 —	247 0.2	397 —
Whooping Cough	195 —	155 —	19 —	67 —	102 —	108 —	24 —
Enteric Group Fevers	— —	— —	— —	— —	— —	— —	— —
Dysentery	— —	1 —	— —	— —	— —	0.2 —	2 —
Food Poisoning	1 —	— —	— —	— —	— —	0.2 —	— —
Ophthalmia Neonatorum....	— —	— —	— —	— —	— —	— —	1 —
Puerperal Pyrexia	3 —	3 —	2 —	1 —	1 —	2.0 —	— —
Poliomyelitis	— —	— 1	— —	— —	1 —	0.4 0.2	— —
Meningococcal Infection....	— —	— —	— —	1 —	3 1	0.8 0.2	— —
Acute Encephalitis	— —	— —	— —	— —	2 1	0.4 0.2	— —
Infective	— —	— —	— —	1 —	— —	0.2 —	— —
Post Infectious	— —	— —	— —	— —	— —	— —	— —
Primary & Influenzal	— —	— —	— —	— —	— —	— —	— —
Pneumonia	44 17	33 4	24 2	21 1	42 2	33 5.2	50 3
Erysipelas	6 —	13 —	9 —	9 —	11 —	9.6 —	7 —
Tuberculosis	— —	— —	— —	— —	— —	— —	— —
Respiratory	15 8	23 3	18 —	12 4	9 3	15.4 3.5	21 —
Non-respiratory	6 2	3 1	2 —	4 —	4 —	3.8 0.6	2 1
TOTALS	385 27	693 10	230 2	465 5	709 7	496.4 10.2	568 4

7. FACTORIES ACTS, 1937 and 1948

Part 1 of the Act

- (1) Inspections for purposes of provisions as to health (including inspections made by Public Health Inspectors)

Premises (1)	Number on Register (3)	Number of		
		Inspections (4)	Written notices (5)	Occupiers prosecuted (6)
(1) Factories in which sections 1, 2, 3, 4, and 6, are to be enforced by Local Authorities.	4	7	1	—
(2) Factories not included in (1) in which section 7 is enforced by the Local Authority	50	36	5	—
(3) Other premises in which section 7 is enforced by the Local Authority (excluding out-workers premises	8	7	—	—
Totals	62	50	6	—

- (2) **Cases in which Defects were found**
(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more “cases”).

Particulars (1)	No of cases in which defects were found				Number of cases in which prosecutions were instituted (7)
	Found (3)	remedied (4)			
			To H.M. Inspector (5)	By H.M. Inspector	
Want of cleanliness (s.1.)	1	1	—	—	—
Sanitary conveniences insufficient (s.7.)	1	—	—	—	—
Unsuitable or defective	4	4	—	3	—
Totals	6	5	—	3	—

8. PROVISION OF GENERAL HEALTH AND ANCILLARY SERVICES IN THE DISTRICT

(1) Laboratory Arrangements

Public Health Laboratory Service and County Analyst's Department.

Pathological specimens for bacteriological analysis may be dealt with by the Public Health Laboratory Service at its Monsall Laboratory, Monsall Green, Near Manchester, or alternatively at the Public Health Laboratory, Mount Pleasant, Liverpool. Samples of food and drugs for analysis are submitted to the County Analyst's Department at Preston, whilst as regards water supplies, the arrangements previously in force with Messrs. Melling & Arden, Manchester, have been continued.

(2) Hospital Arrangements

(Liverpool Regional Hospital Board: Warrington & District Hospital Management Committee)

As regards hospitals the District lies within the boundaries of the Liverpool Regional Hospital Board, which administers Newton-le-Willows War Memorial (General) Hospital in Bradlegh Road, Wargrave, with a nominal establishment of 10 beds. The former Isolation Hospital has undergone alterations and re-equipment, whereby out-patient facilities have been materially extended, including the provision of an X-ray and physiotherapy department. A Chest Clinic, under the control of Dr. Black, Consultant Chest Physician, Warrington Area, is held in these premises.

The great majority of persons requiring both general out-patient and in-patient investigation and treatment are dealt with by the Warrington Infirmary and by the General Hospital, Warrington, whilst cases of infectious disease requiring isolation are admitted to the Isolation Hospital, Aikin Street, Warrington.

Expectant mothers requiring to be confined otherwise than in their own homes, whether on medical, obstetrical or environmental grounds, are normally admitted either to the maternity wards of the General Hospital Warrington (if obstetrical complications are likely) or to the Victoria Park, Maternity Home, Latchford, Warrington. But in the event of beds being unavailable at these hospitals, the bookings are then made with Cowley Hill Maternity Hospital, St. Helens, The County Hospital, Whiston, or Billinge Hospital, depending on bed availability.

Child patients requiring attention in Children's Hospitals are admitted to the paediatric wards of the General Hospital, Warrington; to the Royal Liverpool Children's Hospital, Myrtle Street, Liverpool, and to the Royal Manchester Children's Hospital, Pendlebury, Manchester; also to the Leasowe Children's Hospital, Leasowe, Wirral, and the Biddulph Grange Orthopaedic Hospital, Biddulph, Near Congleton, when specialised Orthopaedic care is indicated.

(3) Ambulance Arrangements

Local Health Authority Services (No. 10 Health Division, Lancashire County Council)

Full responsibility for the management and operation of the Ambulance Service rests with the County Council as the Local Health Authority, and the district is fortunately placed in containing a County Ambulance Station, sited in conjunction with the Fire Station in Borron Road, Earlestown (Telephone Newton-le-Willows 2013), from which three "Stretcher" ambulances and four "sitting case" cars have operated on behalf of all types of cases, i.e. emergency, infectious disease, and general.

There has been a very considerable increase in the public demand for ambulance transport, as is shown by the subjoined summary of cases conveyed from the Urban District. The Earlestown Ambulance Station, of course, also serves other parts of No. 10 Health Division.

Summary of Cases Conveyed

Non Urgent Cases	....	6,536
Emergency Cases	....	670
		<hr/>
		7,206
		<hr/>

(4) Treatment Centres and Clinics

Child Welfare Clinics are held twice weekly at The Gables, Crow Lane West, on Monday and Thursday afternoons; and an Ante-Natal Clinic each Wednesday morning. Unfortunately, as the result of instability due to mining subsidence, it was found necessary to evacuate "The Gables" to enable extensive structural repairs to be undertaken; and in September all sessions and services were transferred to premises at Latham House, Cross Lane, kindly leased by the Council to the County Council to cover this emergency, and so to enable Local Health Authority functions to continue.

Attendances at the Welfare sessions have been very satisfactory throughout the year, as is shown by the following figures.

Child Welfare Centre, "The Gables," Crow Lane West

Assistant Divisional Medical Officer: Dr. E. T. Smiddy (Thursday afternoon session)

Health Visitors: Miss Heap, Mrs. Burrows and Miss Atkinson

<i>No. of sessions during the year</i>	<i>No. of individual children who attended and were born in</i>			<i>No. of attendances by children at ages</i>		
	1957	1956	1955-52	0—	1—	2-4 <i>incl.</i>
101	283	181	196	4,720	896	656

Ante-Natal Clinic, "The Gables," Crow Lane West

Consultant Obstetrician	....	....	....	Mr. Gordon Millington (Alternate Wednesday mornings)
Medical Officer	....	....	....	Dr. E. T. Smiddy
Health Visitor	....	....	....	Miss I. Heap
No. of individual women attending				168
No. of attendances	....	....	....	550

School Clinic, "The Gables," Crow Lane West

General

The work at this Clinic has continued, although on a considerably reduced scale, owing to changes brought about by the National Health Service Act, whereby the general medical care and treatment of the school-child becomes the responsibility of the family practitioner who has accepted the child on his list, such advice and treatment by the practitioner now given without cost to the parent. Despite this, the Education Authority still retains a duty to provide a comprehensive scheme of treatment for children of school age.

Both general medical and specialist sessions are held as detailed below:—

Assistant Divisional School Medical Officer—Dr. E. T. Smiddy.
School Nurses and Health Visitors in attendance—Miss Atkinson and Mrs. Burrows.

Assistant Divisional Medical Officer's Session is held each Friday morning during school term.

The Nurse's re-dressing, etc., session is held each Tuesday morning during school term.

Dental

The School Dental Officer, Mr. A. E. Shaw, ably assisted by his Dental Assistant, Miss Entwistle, has continued the dental inspection of all school children in the district during periodic visits to schools, and afforded both conservative and radical treatment to those requiring it. Expectant and nursing mothers, and children of pre-school age are also eligible for advice and treatment, including where necessary the provision of dentures for the former group.

Ophthalmic

Ophthalmologist—Mr. Barker.

School Nurse in attendance—Mrs. Burrows.

Sessions are held weekly each Monday morning.

The Ophthalmic Surgeon may only be consulted by appointment.

Orthopaedic

Orthopaedic Surgeon—Mr. Almond.

Orthopaedic Nurse—Mrs. Garrett.

The Orthopaedic Surgeon attends one half day session monthly, seeing both new and old cases by appointment: the Nurse attends one whole day weekly, for the purpose of supervising the treatment prescribed, for adjustment of splints, etc., and for the tuition of remedial exercises to improve defects and deformities in posture, stance, feet, etc. She also attends with suitable cases at the St. Helens Baths, to instruct in remedial exercises carried out in the water.

Speech Therapy

Therapist—Miss Cowan.

Sessions held each Thursday a.m. and p.m.

(5) Midwifery Arrangements

The district has been covered by three fully trained whole-time domiciliary midwives, details of whom are shown below, each of which has a car available for her duties, and has undergone a course of instruction in gas-air analgesia, she has available the necessary apparatus to enable a mother to secure at all events very considerable relief from the pains of labour. The trend towards hospital confinement has also continued, and as a result of these factors the number of babies actually born at home has been reduced.

Mrs. S. E. Butler, 46 Kingsway, Wargrave.

Telephone: Newton-le-Willows 3210.

Miss G. J. McGuinness, 16 Ruskin Avenue.

Telephone: Newton-le-Willows 3778.

Mrs. E. Carruthers, 75 Cross Lane, Newton-le-Willows. (Appointed March 1957. Resigned September, 1957).

(6) Health Visiting Arrangements

This work has been carried out by three whole-time and fully trained Health Visitors (whom combined with Health Visiting duties those of School Nurse), and by one part-time Health Visitor: these domiciliary visits, so necessary from the standpoint both of the supervision of the children and the health education of the families, are of course, complementary to the work carried out at the Child Welfare Centre, as described above. The names and addresses of the Health Visitors engaged are:—

Miss I. Heap, Maynard, Belvedere Road, Earlestown.

Mrs. E. Burrows, 33 Regal Drive, Windle, St. Helens.

Miss E. Atkinson, 88 Whitefield Road, Walton, Warrington. (Appointed July, 1957).

Mrs. M. Parker (Part time), Higher Astley, Vitriol Square, Earlestown.

(7) Home Nursing Arrangements.

Home nursing is now undertaken by four whole-time nurses, assisted by a state enrolled Assistant Nurse in suitable cases. The demand for nursing services has continued to grow, and although part-time relief nurses have also assisted from time to time, the staff have been kept very fully occupied throughout the year.

The names, addresses and telephone numbers of the Nurses are:-

Mrs. M.M. Charnley, 3 Park Avenue North, Newton-le-Willows.
Telephone: Newton-le-Willows 2069.

Mrs. O. Falcon, 60 Grosvenor Gardens, Newton-le-Willows.
Telephone: Newton-le-Willows 2419.

Miss D. Johnson, 158 Park Road South, Newton-le-Willows.
Telephone: Newton-le-Willows 3539.

Miss M. Littler, 69 Oak Avenue, Newton-le-Willows.
Telephone: Newton-le-Willows 3521.

Mrs. E. M. Ward, 138 Belvedere Road. (Appointed February, 1957).

Nursing Equipment—Provision for Loans.

A wide variety of ancillary nursing equipment which may be required in the home—ranging from hospital type beds, wheel-chairs, dunlopillo mattresses and similar large items, down to smaller but none-the-less essential articles such as feeding cups, air rings, bed pans etc., is available on loan on the recommendation of the Nurse having charge of the case, at no cost to the patient except for damage not occasioned by reasonable “wear and tear”. Some of the larger items are available from small central stocks held at the Divisional Health Offices, whilst each nurse holds a small local supply of the less bulky and more frequently required articles.

(8) Home Help Arrangements.

This is a “permissory” service provided by the County Council through the No. 10 Divisional Health Committee, and is one which is not necessarily provided free of cost to the public. Its aim is to provide domestic help when required by reason of the presence in a household of sickness, mental deficiency, an expectant mother, or to assist in the care of a child or children. The service has expanded very greatly during the year in question as the public have become more fully aware of the facilities provided, and in certain urgent cases “evening help” and night help have been made available.

The Home Helps engaged are all part-time "helps"; no whole time workers are employed. The Home Help Organiser and Welfare Workers, Miss P. Butler, who is responsible for the immediate day to day operation of the scheme and is one of the Divisional Medical Officer's Staff, now has the help of Miss M. M. McClean as Assistant Organiser. Responsibilities for Welfare Service under the National Assistance Act, 1948, which will become more and more pressing as the full provisions of the approved scheme, formulated by the County Council under the National Assistance Act, 1948, and given Ministerial approval in 1953, became fully implemented.

During the current year the number of cases helped in the Urban District was 294, of which 233 were persons aged 65 or more. This help was provided by 79 Home-helps, all part-time workers, the majority of whom were employed from 20-30 hours per week. The total number of hours of help provided, based on the Divisional average, is estimated at 50,840, or 218 hours per case over 72 days, or 3 hours per day per case.

(9) Mental Health Arrangements.

The Urban District, being part of the Health Division, is covered for this purpose by two Duly Authorised Officers of No. 10 Health Division, and by a lady Mental Worker, who deal with all the aspects of mental health, including all cases in which investigation, supervision and appropriate action is required under the Lunacy Acts, Mental Deficiency Acts, and the Mental Treatment Act.

The names and addresses of these officers are:-

Mr. Griffin, Divisional Health Office, The Old Rectory Winwick.
Telephone: Warrington 33144.

Mr. D. Ryan, Divisional Health Office, The Old Rectory, Winwick.
Telephone: Warrington 33144.

Miss M. V. Phillips, Divisional Health Office, The Old Rectory, Winwick
Telephone: Warrington 33144.

Any request for the services of the Duly Authorised Officer outside of normal office hours should be made through the Ambulance Station—Newton-le-Willows 2013.

(10) Arrangements for the Prevention of Illness, Care and after Care, (including Tuberculosis), and the provision of Convalescent Accommodation.

Responsibility for such arrangements rest with the Local Health Authority partly on an obligatory and partly on a permissive basis: "illness" includes mental defectiveness. The scope of such arrangements is very wide and includes all the methods of health education and propaganda relating to health matters, health visiting in the homes, including those of persons suffering from Tuberculosis, the provision of ancillary nursing equipment, the after-care of patients who have suffered from illness either at home or in hospital, and the provision of convalescent accommodation and rehabilitation where this is required, to enable those recently sick to regain full health and strength.

The Tuberculosis Health Visitor for the District is Miss Monks, who maintains supervision of patients in their homes, and arranges for their examination or re-examination, and for that of contacts (including X-ray investigation) at the Chest Clinic at Bradlegh Road Hospital, administered by the Liverpool Regional Hospital Board, and attended by Dr. Black, the Consultant Chest Physician, Warrington Area.

As regards Health Education—(a very important and essential factor in the prevention of illness—it is pertinent here to emphasize that although some responsibility for this section of preventive medicine may be accepted (as has been the case) by the local health Authority, the permissive power of the Council as a Local Sanitary Authority to carry out measures of health education under Section 179 of the Public Health Act, 1936, is still extant and should, in my view, continue to be exercised.

(11) Vaccination and Immunisation Arrangements.

Vaccination and Immunisation against Diphtheria, whooping cough and tetanus, are available to all who desire it, either through the family doctor, who carries it out as part of his duties to the patient, or by attendance at the immunisation sessions held at the Child Welfare Centre, The Gables Crow Lane West, where this work is carried out by the Assistant Divisional Medical Officer.

As regards the immunisation position, while there are no grounds for complacency, the position has improved as the result of the general desire of parents to obtain for their children protection against whooping cough.

The percentage proportion of the estimated child population under the age of 15 in an immunised state at 31st. December, 1957, was 63% as against a figure of 67% for the child population in Health Division 10 as a whole.

In contrast to the above, only 163 persons, of whom 118 were infants under 1 year of age, underwent primary vaccination (all but 12 successfully) whilst 43 adults were re-vaccinated. If one deducts from the total of 308 live

births belonging to the District in 1957, the 9 infant deaths, this means that out of the 299 survivors, 118 were vaccinated; or approximately two in every 5 children born.

During the course of the year the several types of "antigen" (i.e. inoculation material) continued to be available: in addition to the old established diphtheria toxoids, which protect against diphtheria only, inoculations against whooping cough also, using the "combined" antigen, and additionally against "lock jaw" (tetanus) using the "triple" antigen, were carried out in conformity with the parents' wishes.

The number of children protected by these various means were as follows:-

(a) Against Diphtheria (Primary Inoculations) only.

Under 2 years of age	....	....	....	....	....	nil
2-5 years of age	....	....	....	....	....	nil
From 5 to 14 years of age	....	....	....	....	....	42
Over 14 years of age	....	....	....	....	....	7
						<hr/>
Total Primary Inoculations	....	....	....	....	....	49

Re-inforcement (Booster) Inoculations

Under 5 years of age	....	....	....	....	....	6
From 5 to 14 years of age	....	....	....	....	....	83
Over 14 years of age	....	....	....	....	....	nil
						<hr/>
Total						89

(b) Against Diphtheria and Whooping Cough (Combined antigen)

Under 2 years of age	....	....	....	....	....	5
2-5 years of age	....	....	....	....	....	2
From 5 to 14 years of age	....	....	....	....	....	nil
						<hr/>
Total						7

(c) Against Diphtheria, Whooping Cough and Tetanus (Triple antigen)

Under 2 years of age	....	....	....	....	....	200
2-5 years of age	....	....	....	....	....	5
From 5 to 14 years of age	....	....	....	....	....	4
Over 14 years of age	....	....	....	....	....	nil
						<hr/>
Total						209

The grand totals of children protected by primary inoculations against diphtheria during the year are thus 265 (of which 212 were under 5 years of age), against whooping cough 215 (of which 212 were under 5 years of age), and against tetanus 209, (of which 205 were under the age of 5 years).

Poliomyelitis Vaccination.

The programme of "vaccination" against Poliomyelitis, which commenced during 1956, has continued throughout the year with a considerable measure of success. In May the Ministry of Health decided to extend the programme, which formerly affected only children born in the years 1947-1954 inclusive, to those born in 1955 and 1956: and in November it was further decided to offer protection to all children under 15 years of age, to expectant mothers, and to the families of general practitioners and ambulance staffs, in addition to certain categories of hospital personnel.

Details of poliomyelitis vaccinations carried out during the year in Newton-le-Willows are as follows:—

No. of children who received two injections:-							
Under 5 years of age	....	....	....	....	....	....	116
From 5 to 14 years of age	....	....	....	....	....	....	537
Over 14 years of age....	....	....	....	....	....	....	0
Total							<hr/> 653 <hr/>

(9) The Children Act, 1948.

In the main this Act provides for the care and welfare of children and young persons up to the age of 18 years, who for one reason or another are deprived of normal home life, and it thus has an important bearing on the mental and physical health of such children.

The County Council, which is the Local Authority for the purposes of the Act, exercises its functions through its Children's Committee and the Childrens Officer, who is responsible to the Committee for the efficient administration and day to day operation of the Service, which is carried out on a regional or area basis.

The Newton Urban District lies administratively within the purview of the Area Children's Officer of the Leigh Area, who is assisted by Childrens Social Workers, the latter being responsible for all matters relating to "deprived" children, e.g. the provision of accommodation, the inspection and report on prospective foster homes, infant life protection, supervision of adopted children during the probationary period, the care and conveyance to suitable "places of safety" of children committed by the Courts to the care of the Authority as a "fit person" under the provisions of the Children and Young Persons Act, 1933, and so on.

The Area Children's Officer and her Visitors work in close co-operation with the Divisional Medical Officer and his staff, and I am happy to say that in this District (included in No. 10 Health Division), the relationship is most effective and cordial.

The Leigh Area Children's Officer is:-

Miss J. W. Cole, 89/91, Railway Road, Leigh.

Telephone: Leigh 1658.

10. CHILDREN AND YOUNG PERSONS ACT, 1933.

NEGLECTED CHILDREN—PROBLEM FAMILIES

Very deep consideration has been given in recent years in an effort to improve the lot of children neglected or ill-treated in their own homes—a problem formerly left almost exclusively to the good offices and unflagging zeal of the National Society for the Prevention of Cruelty to Children—the N.S.P.C.C.. So often, however, is it found that such children come from poor stock, both mentally and physically, from such poor homes, structurally and socially, and that their whole environment is so complex, that much more team work is required if the desired end is to be achieved: housing conditions, unemployment and financial stringency, marital disharmony, mental and emotional illness, improvidence and general social inadequacy are in various combinations and degrees at the root of parental neglect. Following an advisory memorandum issued jointly by the Home Office, Ministry of Health and Ministry of Education, which suggested the appointment by each Local Health Authority of a Co-ordinating Officer, (whose primary function should be to convene regular conferences of all persons and parties having responsibilities in these various fields) the County Council appointed the County Medical Officer of Health as its Co-ordinating Officer: and his responsibility has in turn been delegated to Divisional Medical Officers, within their respective Health Divisions.

Regular conferences have consequently been convened throughout the year, at three-monthly intervals, and have been well attended by members of our “Co-ordinating Committee” of Officers, Assistant Divisional Medical Officers, Health Visitors, Mental Health Workers, School Attendance Officers (representing the Divisional Education Officer), N.S.P.C.C. Inspectors, Public Health Inspectors, the Probation Officers, the Area Children’s Officer and teachers, the Area Officer of the National Assistance Board, and others, have each contributed in no small measure towards the elucidation of the numerous difficulties encountered by such families and such children, and the institution of the remedial measures required. One of the primary functions of this Committee is, of course, to reach agreement, not only as to the most promising line or lines of action, but as to the person or persons most likely to succeed in any particular case by taking appropriate action within his or her particular sphere of influence.

11. NATIONAL ASSISTANCE ACT, 1948.

So far as the Urban District is concerned, the Local Authority carrying responsibility for the implementation of Parts III and IV of this Act is the County Council, and the administrative machinery, in this case also, is on the divisional basis. The main provisions of Part III relate to accommodation for those requiring it, and to welfare services in general for persons handicapped by infirmities such as blindness, deafness, dumbness, crippling physical defects, and other disabilities.

The scheme of the County Council in regard to welfare services utilises very fully the various voluntary agencies already in existence prior to this legislation. Receiving Ministerial approval last year, it is widely comprehensive of the needs of all aged and handicapped persons, including social welfare, home and workshop employment, occupational therapy, the disposal of the products of employment, training facilities in arts and crafts, and the need for holiday homes and hostels.

The County Council's policy in regard to aged persons is, of course, to assist them in every way to remain in their own homes as long as possible: thereafter, to provide supervision and help in specially designed old persons bungalows, where the Housing Authority are willing to accept this scheme and only finally to admit them to hostel care, or to other welfare accommodation. As a first step, the formation in every County District of a District Old Peoples' Welfare Committee, representative of all corporation bodies, both statutory and voluntary, concerned with the welfare of old people, is strongly advocated.

In November, 1956, Mr. P. D. Parker was appointed as Divisional Welfare Organiser, to assist the Divisional Medical Officer in this newly developing field of socio-medical activity, to promote the formation of District Old People's Welfare Committees, and to foster liaison and co-ordination between statutory and voluntary bodies concerned with the care of the aged and the handicapped.

Section 47 of the Act places on the Local County District Council responsibility for making applications to a Court of Summary Jurisdiction for an Order to secure the removal to a suitable hospital or other institution of any aged and infirm person who is unable to devote to himself proper care and attention, and is not receiving such from other persons. The application is made following certification by the Medical Officer of Health that such removal is necessary. No action under this Section was required during the current year.

Section 50 of the Act is of importance in that it places on the District Council the duty of arranging for the burial or cremation of the body of any person who has died or been found dead within the district when it appears to the Authority that no suitable arrangements for the disposal of the body have been or are being made otherwise than by the Authority.

URBAN DISTRICT COUNCIL OF NEWTON-LE-WILLOWS

REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

FOR THE YEAR 1957

LADIES AND GENTLEMEN,

I have the honour to submit for your information my Annual Report for the year ending 31st December, 1957.

The year opened with optimism engendered by the filling of the vacant post of additional public health inspector which had existed for eleven months. Mr. J. R. Swift took up his duties on 14th January and, as he had qualified as public health inspector only in the previous month, it seemed reasonable to expect that staffing difficulties which had barred progress during 1956 would be ended for a lengthy period during which he could gain experience and qualify as an Inspector of Meat & Other Foods.

In October he obtained an appointment with Wigan R.D.C. and was succeeded in November, by Mr. N. G. Weir.

Mr. Weir holds the Certificate as Sanitary Inspector of the Royal Sanitary Association of Scotland and the bulk of his experience has been gained in Scotland, although he has had two years with the County Borough of St. Helens. He intends to qualify as Inspector of Meat & Other Foods.

The effect of the frequent changes in qualified staff was mentioned in the report for 1956, and even with a full staff during the year now under review, it became necessary to draw your attention to important items of public health work which could receive little or no attention.

The Rodent Operative, Mr. P. Williams, retired at the end of the year having served in this capacity from 1945. Despite ill health he had given valuable service to the township and his services were suitably acknowledged.

Mr. M. D. Tickle was appointed Pupil Public Health Inspector in November and has satisfactorily applied himself to the work and to his studies.

The Rent Act 1957 came into force on 6th July, 1957, and from then until the end of the year it was almost a full-time job to provide the information requested by landlords and tenants, and to deal with applications for the various certificates. Whatever the defects of the new Act may be it has certainly had the effect of stressing that ordinary repairs are primarily a matter between landlord and tenant.

The Housing Act 1957 consolidated previous housing legislation, adding nothing new, and therefore caused nothing like the same upheaval in the department as did the Rent Act.

The Coal Mining (Subsidence) Act 1957, although not primarily a concern of the local authority except as regards claims for damage to its own lands, buildings, structures and service lines or pipes caused by mining subsidence, is worthy of some comment as it has some affect on the work of the Department. The Act requires the National Coal Board to (a) remedy damage, buildings etc.; (b) provide or pay for temporary accommodation when houses are so badly damaged by coal mining subsidence that people are rendered homeless and (c) pay damages if anyone should be killed or seriously and permanently disabled by an accident caused directly by coal-mining subsidence. The provisions have become so well known, and the National Coal Board has been so speedy in dealing with claims, that it is now the exception to find that a tenant makes his original complaint of damage to the department. Generally it is only in those cases where a payment for the loss in value of a property is offered by the Coal Board that the Council is now called upon to take action under the Housing Act.

1. GENERAL SANITATION

(a) Water Supply

No action was necessary in respect of any form of contamination of public water supply, bacteriological examination of the regular routine samples of the raw water and of water going into supply after chlorination revealing in every instance that the water was of a highly satisfactory standard.

(b) Sanitary Accommodation.

Only outlying farms and the houses in a part of the district which is isolated from the sewers by railway lines and the St. Helens Canal are served by the conservancy system. The reduction in the numbers of pail and privy closets is due to the demolition of the houses which they serve. One privy midden and five pail closets were abolished by this means during the year.

(c) Refuse Collection and Disposal.

Refuse collection is by motor vehicle, the district being divided into three sections each section being the responsibility of one team with a vehicle. In 1937 there was the same number of teams and vehicles, and since then approximately 2,000 houses have been built. These growing needs will require division of the district into four, which may be achieved by provision of an extra vehicle and one extra man.

There are now 7,352 dustbins to empty, and collection is carried out as nearly as possible at weekly intervals.

A new tip site, in Swan Road, came into use in May and brought problems in (a) the nature of the soil; (b) the approach road; and (c) the brook which runs through the site. These have largely been overcome and I am

happy to be able to report that no complaints of the tip itself, or the manner of tipping, have been received.

The amount of waste paper salvaged was 147 tons. 12 cwts. 3 qrs. and the income was £1,142.

2. SANITARY INSPECTIONS DURING 1957.

Premises visited:—									
No. of premises visited	....	....	....	....	....	....	....	....	1023
No. of visits	....	....	....	....	....	....	....	....	2158
Defects or nuisances:—									
No. discovered	....	....	....	....	....	....	....	....	395
No. abated	....	....	....	....	....	....	....	....	376
No. of notices served:—									
Informal	....	....	....	....	....	....	....	....	182
Statutory	....	....	....	....	....	....	....	....	72

3. STATISTICAL SUMMARY OF INSPECTIONS MADE, NOTICES NOTICES SERVED. ETC.

Complaints received and investigated:—									
Defects and Nuisances	....	....	....	....	....	....	....	....	216
Rats and Mice	....	....	....	....	....	....	....	....	81

(A) Analysis of Visits Made by Inspectors.

(a) General Sanitation.									
Water Supply	....	....	....	....	....	....	....	....	92
Drainage	....	....	....	....	....	....	....	....	98
Fried Fish Shops	....	....	....	....	....	....	....	....	3
Common Lodging House	....	....	....	....	....	....	....	....	3
Factories	....	....	....	....	....	....	....	....	61
Workplaces	....	....	....	....	....	....	....	....	7
Bakehouses	....	....	....	....	....	....	....	....	4
Refuse Collection & Disposal	....	....	....	....	....	....	....	....	194
Licensed Houses	....	....	....	....	....	....	....	....	3
Shops	....	....	....	....	....	....	....	....	37
Rats and Mice	....	....	....	....	....	....	....	....	41
Schools	....	....	....	....	....	....	....	....	4
Smoke Observations	....	....	....	....	....	....	....	....	2
Miscellaneous	....	....	....	....	....	....	....	....	27
Total	....	....	....	....	....	....	....	....	576

(b) **Housing.**

Under Public Health Acts.

No. of houses inspected	....	....	....	....	....	....	239
Visits to above	....	....	....	....	....	....	1238

Under Housing Acts.

No. of houses inspected	....	....	....	....	....	....	145
Visits paid to above	....	....	....	....	....	....	281

Overcrowding.

No. of houses inspected	....	....	....	....	....	....	7
Visits paid to above	....	....	....	....	....	....	7

Verminous Premises.

No. of houses inspected	....	....	....	....	....	....	4
Visits paid to above	....	....	....	....	....	....	4

Miscellaneous Housing Visits

[illegible]

(c) **Infectious Diseases.**

Inquiries in cases of I.D.....	....	....	....	....	....	57
Visits re disinfections	....	....	....	....	....	7
Miscellaneous I.D. visit	....	....	....	....	....	12

[illegible]

(d) **Meat and Foods Inspection and Food Hygiene.**

Inspection of meat:	shops and stalls	....	....	....	11
	other premises	....	....	....	1
Visits to butchers	....	....	....	....	9
Fishmongers etc.	....	....	....	....	2
Grocers	....	....	....	....	39
Greengrocers and fruiterers	....	....	....	....	13
Dairies and milk distributors	....	....	....	....	56
Ice-cream premises	....	....	....	....	38
Food preparing premises	....	....	....	....	20
Market Stalls	....	....	....	....	691
Street vendors and hawkers' carts	....	....	....	....	31
Restaurants	....	....	....	....	4
Canteens	....	....	....	....	4

Visits in connection with sampling

Milk—bacteriological	....	....	....	....	....	....	39
Food and Drugs Samples	....	....	....	....	....	....	35
Water Sampling	....	....	....	....	....	....	29
Miscellaneous Food Visits	....	....	....	....	....	....	3
Total	....	....	....	....	....	....	1025
Total inspections and visits	....	....	....	....	....	....	3120

(B) Notices Served and Complied with

No. of informal notices served	....	....	....	....	182
No. of informal notices complied with	....	....	....	....	120
No. of statutory notices served	....	....	....	....	72
No. of statutory notices complied with	....	....	....	....	63

(C) Analysis of Defects noted and remedied

<i>Type of Defect</i>	<i>Recorded</i>	<i>Remedied</i>
Chimney stacks, pots, flues	5	9
Brickwork and/or pointing	21	29
Damp courses	10	6
Doors and frames	11	6
Drain stoppages	46	50
Drains repaired or renewed	7	9
Dustbins	15	23
Firegrates	2	4
Floors	16	10
Gutters	36	36
Paving	3	3
Rainwater pipes	12	8
Roofs	44	29
Water Supply	35	34
Plaster	44	30
Waste Pipes	2	2
Water Pipes	12	15
W.C. Structures	13	10
W.C. basins, cisterns etc.	19	23
Window frames, sashes, cords	21	19
Miscellaneous	21	21
Totals	395	376

4. SHOPS AND OFFICES

	<i>No. of Inspections</i>	<i>Results and any sub- sequent action</i>
Action taken under provision of:		
(a) Shops Act 1950 relating to ventilation and temperature of shops and to sanitary conveniences	37	Notices served and complied with in respect of inadequate water supply at one shop and sanitary conveniences at two shops
(b) Public Health Act 1936, relating to conditions in offices	18	No action necessary

5. ATMOSPHERIC POLLUTION

Two observations were taken during the year but no action was necessary.

I completed attendance at the Post Graduate Course in Atmospheric Pollution, at the College of Technology in Manchester.

6. VERMIN CONTROL

Methods employed for the disinfection of houses include, spraying, dusting, and fumigation, or a combination of any two of them as may be necessary. Advice was given to tenants and the following action was taken:—

No. of houses found to be infested	
(a) Council Houses	Nil
(b) Other Houses (Cockroaches)	1
(Bugs)	3
(Fleas)	1
No. of visits to verminous premises	5
No. of verminous premises treated	5

7. PREVENTION OF DAMAGE BY PESTS ACT, 1949

- (1) No. of rodent operatives employed:—
 - (a) Full time 1
 - (b) Part time 0
- (2) Action relating to rodent control during year:—

		<i>Type of Property</i>		
		<i>Non-Agricultural</i>	<i>Agricultural</i>	
		<i>Dwelling houses</i>	<i>All other</i>	
(a)	No. of properties in district	6802	459	18
(b)	No. of properties inspected	232	54	8
(c)	Total inspections carried out (including re-inspections)....	2603	131	23
(d)	No. of properties inspected which were found to be in- fested by:—			
	Rats—major 	—	2	—
	minor 	32	1	—
	Mice—major 	—	—	—
	minor 	9	7	—
(e)	No. of infested properties treated 	41	10	—
(f)	Total treatments carried out (incl. re-treatments) 	12	20	—
(g)	No. of “Block” control schemes carried out 	1	1	—
(h)	Other Action 			

A statutory notice was served under section 4 (b) of the Act, and action was taken in default of the owner.

A test of 10% of the sewer manholes was made in April, and treatments were carried out in April and October.

8. HOUSING

(a)	Inspection of dwelling houses during the year:—	
	Total number of houses inspected formally or in- formally for housing defects (under Public Health or Housing Acts) 	316
	No. of inspections, formal or informal made for the purpose 	1424
	Dwelling houses unfit for human habitation and not capable at reasonable expense of being rendered fit:	
	No. found during year 	49
	Total estimated number at end of year 	109
	No. of unfit dwelling houses capable of being rendered fit 	254
(b)	Houses Demolished:—	
	Under Section II Housing Act, 1936 	36
	Persons displaced 	75
	Families displaced 	23

(c) Unfit Houses Closed:—		
Under Section II Housing Act, 1936, and Local Government (Miscellaneous Provisions) Act, 1953		1
Persons displaced	....	3
Families displaced	....	1
(d) Progress under 1954 Act Programme:—		
No. of houses included in Programme	....	179
No. of houses demolished	....	65
No. of houses closed....	....	3
No. of orders made but not yet complied with	....	29
No. of houses considered and decision deferred	....	3
The outstanding balance consists of:—		
Houses inspected and awaiting appropriate representations	....	25
No. of houses not yet inspected	....	18
Houses owned by the local authority	....	19
Houses closed or demolished voluntarily	....	3
Houses made fit voluntarily	....	14
Total		79
(e) Unfit houses made Fit and in which Defects were Remedied:—		
After informal action by local authority....	....	101
After formal notice	....	38
(f) Overcrowding		

Two new cases were discovered during the year and five were abated leaving four on the register. This can be regarded as satisfactory, and although no survey of the district has been made, it is considered that undiscovered cases of overcrowding can be very few.

Revision of the overcrowding standards and introduction of a “bedroom” basis would provide a more satisfactory standard.

9. RENT ACT, 1957

Applications received on Form I	....	78
No. of G. Forms checked at houses	....	76
No. of Certificates authorised—in full	....	48
—in part	....	26
No. of Certificates refused	....	1
Notices of proposal to issue Certificates (Form J)....		74
Undertakings accepted (Form K)	....	25
Certificates issued (Form L)	....	46
Cases pending expiration of 3 weeks notice	....	3
Cases pending for other reasons	....	3

10. INSPECTION AND SUPERVISION OF FOOD.

(a) Milk Supply —action taken with regard to the administration of the Milk and Dairies Act and Regulations	
Milk and Dairies Regulations, 1949:—	
No. of distributors registered by the local authority and operating from:—	
(a) dairies in the district	5
(b) Shops in the district other than dairies	66
(c) Premises outside the district	6
The Milk (Special Designation) (Raw Milk) Regulations, 1949-54.	
No. of dealers' licences (including supplementary licences) issued by the local authority during 1957 in respect of "Tuberculin Tested" Milk	19
The Milk (Special Designation) (Pasteurised) and Sterilised Milk) Regulations, 1949-53	
No. of licences issued in respect of "Heat treated" milk:—	
Pasteurising plants	0
Sterilising plants	0
Retail distributors:	
(a) "Pasteurised"	27
(b) "Sterilised"	77

No action was necessary under Regulation 19 and 20 of the Milk & Dairies Regulations 1949 nor under the Public Health (Prevention of Tuberculosis) Regulations 1925.

(b) **Meat and Other Foods (excluding adulteration)**

There is no public abattoir nor private slaughterhouse in the district and meat and other foods were inspected on request and whilst engaged on routine inspections of food premises, hawkers' carts, delivery vehicles, and market stalls.

Food preparing premises including butchers' making up rooms, restaurants, canteens and hotel kitchens were inspected periodically.

Improvement in the handling of foods on market stalls was effected by informal action.

The following food stocks or consignments were specially examined during the year:—

<i>Type of Food</i>	<i>Total Quantity of stock or con- signment Quantity examined Condemned Weight</i>		
	<i>Tins</i>	<i>Tins</i>	<i>lbs</i>
Canned Meat....	720	165	488
Canned Vegetables	128	38	27
Canned Milk	140	39	35
Canned Fruit....	265	74	57
Canned Fish	28	7	5
Canned Tomatoes....	78	23	13
Canned Soups	144	45	40
Miscellaneous Canned Foods	135	7	7
Packetted Goods	82 pkts.	12 pkts.	10
Bottled Goods	195 btls.	30 btls.	13
Fish	24 lbs.		24
Fruit	192 lbs.		192
Meat	51 lbs.		51

No. of food premises, by type of business, in district at end of year:—

General grocers and provision dealers	89
Greengrocers and fruiterers (including those selling wet fish, game, etc.)	16
Fishmongers (including those selling poultry, game, etc.)	3
Meat shops (butchers, purveyors of cooked and preserved meats, tripe, etc.)	19
Bakers and/or Confectioners	11
Fried Fish shops	11
Shops selling mainly sugar confectionery, minerals, ice-cream, etc.	32
Licensed premises, clubs, canteens, restaurants, cafes, snack bars and similar catering establishments	36
Others	5

No. of food premises, by type, registered under Section 16 of the Food & Drugs Act, 1955, the Lancashire County Council Acts or other local Acts:—

<i>Type of business</i>	<i>Legislation under which registration effected</i>	<i>No. of inspections of registered premises</i>	
		<i>No. registered at 31/12/57</i>	<i>during year</i>
Preservation of Food	Food & Drugs Act	10	20
Sale, Manufacture or Storage of Ice Cream	Food & Drugs Act	78	38

Hawkers of food and their premises:—	Lancashire County Council General Powers Act, 1951		
(a) Fish, Fruit and Vegetables		10	21
(b) Preserved Foods		9	22

Food and Drugs Act, 1955—Sampling during the year:—

Milk—No. of samples taken	....	....	....	....	....	19
No. adulterated	....	....	....	....	....	1
Articles other than Milk—						
No. of samples taken	....	....	....	....	....	20
No. adulterated	....	....	....	....	....	0

No case of Food Poisoning was notified during the year.

<i>Articles</i>	<i>No. Taken</i>
Milk	19
Coffee	1
Pepper	1
Sage and Onion Stuffing	1
Honey	1
Stuffed Pork & Meat Roll	1
Olive Oil	1
Fish Paste	2
Meat Paste	1
Salami Sausage	1
Jelly	1
Mincemeat	1
Yorkshire Pudding Mixture	1
Coffee & Chicory Essence	1
Tomato Ketchup	1
Mayonnaise	1
Mustard	1
Currie Powder	1
Cornflour	1
Lemon Juice	1

One sample of milk was deficient in solids not fat, and the Salami Sausage was rancid. The milk vendor was warned, and the remainder of the stock of sausage was inspected.

11. ADDITIONAL DUTIES.

(a) Petroleum Acts and Orders

The Petroleum Spirit (Conveyance by Road) Regulations 1957 came into force on 1st July, 1957.

The Regulations consolidate with amendments previous Regulations dating from 1939 to 1953. The principal amendment is the inclusion of Regulation 16, the provisions of which are new and relate to the precautions to be taken in connection with the delivery of petroleum spirit from a tank wagon or tank trailer into a storage tank.

A Model Code of Principles of Construction and Licencing Conditions was also issued during the year.

It has not been possible to make the detailed inspections necessary to check each petrol store with the Model Code, but each has been visited at least once and was found to comply with the existing licencing conditions.

There were 25 licensed storage premises for petroleum spirit of which 19 were for private use and 6 were for the supply of petrol to the public.

2 premises were licensed to store carbide of calcium.

(b) Lethal Chamber

An electrical cabinet for the painless destruction of unwanted dogs and cats was maintained and a charge of one shilling per animal is made except to pensioners, who are exempt from payment.

75 dogs and 64 cats were dealt with and the income amounted to £6-6-0d.

(c) Shops Act, 1950

The Council is the Shops Act Authority for the district.

The provisions of the Act regarding the health and comfort of shop workers fall within the province of a Public Health Inspector, and for this reason it has been usual to allocate the other duties of the Act, concerned with hours of closing, conditions of employment, Sunday trading etc., to the Public Health Inspectors as a separate appointment.

It was decided not to appoint Mr. Swift shops act inspector as he lived out of town and the duties would involve his returning to the district in evenings and at week-ends.

Consideration of a Bill which would have gone far towards removing the anomalies and difficulties in administration of the present Shops Act, was given by Parliament but was not made statute.

Routine observations were kept on mixed shops remaining open after general closing hours, and on Sundays, but no offence was discovered.

(d) Factories Act, Section 34

The Certificates of Means of Escape in Case of Fire should have been checked at factories during the year but it was not possible to undertake the inspection of more than three. These required no amendment.

(e) Pet Animals Act, 1951

Licences were issued in respect of the two pet shops in the district, and the shops were inspected and found to be satisfactory.

The Report briefly indicates what has been done during the year and, whilst some progress has been made particularly in respect of Housing, one is conscious of the important matters which owing to shortages of staff have not received the attention they merit.

Foremost amongst these are the Food Hygiene Regulations despite the fact that only one case of food-poisoning has been notified since notification became obligatory.

The refuse collection service requires re-organisation in view of the number of new houses, and modern planning which seems to be directed towards reducing the cost of roads on new estates, at the expense of refuse collection, through making houses more remote from the nearest vehicular access.

In conclusion I wish to record my thanks to the Chairman and Members of the Health Committee for their maintained interest in all matters which are the concern of the environmental health service, and to the Clerk of the Council and all my fellow officers for the helpful co-operation and assistance they have given. I am especially grateful to Dr. Crawford for the advice and support he has so readily given; and to Mrs. Lightfoot whose co-operation, ability and lengthy experience make her a most valued member of the Staff of the Department.

Yours faithfully,

L. M. BOOTH,

Chief Public Health Inspector.

